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greater than the rate claimed, a pertaining to vehicle safety and	and that I have met the re							equal to or		PAIDE	Y REVOLVING F	S 9 (MBER O	
er.				date J -/ 2		SIGNATUPE OF	OFFICED ABBRO	WING TO AVEL &	NU DESMENT			DATE / 17	1/0	
SIGNATURE OF TITLE OF AUTHORIT	Y FOR SPECIAL EXPENSES											DATE		
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		ENSE CLAIM				ructions an							. /	-	
STD 262 (REV 10/92) Statemo					SSAN OR EMPL	LOYEE NUMBER			DEPARTMENT	Page 1 of 1					
Clay Russell															
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	t to the Go	overnor			0000 <u>000000000000000000000000000000000</u>		www.abschot.com/spiff/filed								
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HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of											USE ONLY				
California If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or											PAID BY REVOLVING FUND CHECK NUMBER				
greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754											2/1/2091				
pertaining to	vehicle safety	and seat belt usage										100	16)	
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Clay Ru	ssell			,		1		N <u>-10110 N. 199</u>		Governo	or's Office	3		
POSITION				CB/ID NUMBER		DIVISION OR B	UREAU					INDEX NUMBER		
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PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) STAFF GOV.										NORMAL WORK HOURS				
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